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Board of Industrial Insurance Appeals
PO Box 42401 Olympia, WA 98504-2401

Crime Victim NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor and Industries concerning a crime victim's claim, this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals, **WITHIN 90 DAYS of the date you received** the Department's decision. The appeal can be filed with the Board personally or by mail at the above address.

Today's date:_____:

Appeal filed by __Claimant __Beneficiary __ Guardian __Estate of

Claimant's Name _____

Crime Victim No: _____

I wish to appeal the decision of the Department of Labor and Industries dated: _____
[copy attached]

The situation arose on (Date) _____, at (Location) _____

I disagree with the Department's decision because:

What are you asking for?

I desire to have any proceedings held in: (City) _____

I believe the above statement to be true. _____

(Signature)	Phone: (H)	(W)	
Name: (Please Print)	Social Security No:		
Address:	City:	State:	Zip

It is important that the Board be able to reach you concerning your appeal. If you do not have a phone, please provide the number of a friend/relative where the Board can leave a message. Also, please notify the Board if you change your address.